

HEALTH NEWS BRIEFING

ASSOCIATION OF COMMUNITY HEALTH
COUNCILS FOR ENGLAND AND WALES



Hungry in Hospital?

January 1997

Summary

Food is important in everyday life because it provides the nutrients that our bodies need to maintain themselves. Malnourishment can delay the recovery process, so proper nutrition takes on added significance during illness.

Some people may be admitted to hospital in an under-nourished state and many people, particularly those who have been in hospital for a long time, leave hospital under-nourished. Some patients are 'starving' when they are in hospital. They may not like the food, they may not be given enough to eat, they may not understand the systems for ordering meals or they may not be able to feed themselves and may not be given assistance. These are just some of the reasons why people do not eat and drink enough when they are in hospital.

This report looks at why some patients do not eat and drink enough when they are in hospital, who should be responsible for ensuring that they do and finally, makes recommendations to address this very disturbing problem.

Contents

INTRODUCTION.....	5
1. NUTRITION.....	7
2. IS THERE A DELIBERATE POLICY TO STARVE ELDERLY PEOPLE?..	8
3. FACTORS THAT CONTRIBUTE TO PATIENTS NOT EATING AND DRINKING IN HOSPITAL	9
Problems with ordering.....	9
Communication.....	10
Quality	11
Quantity	11
Inappropriate food.....	12
Choice.....	12
Timing.....	13
Assumptions	13
Positioning.....	14
Utensils.....	14
Physical problems	15
Medication	15
Eating environment	16
Lack of assistance	16
4. WHO SHOULD BE RESPONSIBLE FOR ENSURING THAT PATIENTS EAT AND DRINK IN HOSPITAL?	18
Nurses.....	18
Volunteers, paid assistants and relatives.....	19
5. LISTENING TO PATIENTS	21
6. CONCLUSIONS.....	22
7. RECOMMENDATIONS	23

APPENDIX 1 - OFFICIAL GUIDANCE.....24

APPENDIX 2 -JOB DESCRIPTION26

**APPENDIX 3 - HOSPITAL CATERING - DELIVERING A QUALITY
SERVICE.....27**

REFERENCES.....28

Introduction

In everyday life food is important. It provides the nutrients that we need to maintain our bodies. Some people lose their appetites when they are unwell but their bodies need the same amount of nourishment, sometimes more, to help them to recover from illnesses. Because of the added significance of nutrition when people are ill, hospital food has a very important role to play in the treatment of patients.

As well as providing nutrition, food in hospital also has two other important functions. It provides the opportunity for patients to learn new eating habits, for example, patients can learn the value of eating nutritionally balanced meals. Meal times can also provide patients with distractions from their illnesses and break up long and often boring days by giving them the opportunity to socialise with other patients.

Hospital food has a bad reputation. Over the years improvements have been made and patients now seem to be generally satisfied with the food they are given when they are in hospital. There are, however, a number of people who are not eating hospital food and as a result their health is being seriously affected.

Official guidance is in place which acknowledges the importance of good nutrition and suggests ways in which hospital catering might be improved. Also, in acknowledgement of the importance of hospital food for patients, the *Patient's Charter*¹ states:

"...if you have to stay in hospital, you can **expect** to be given a written explanation of the hospital's patient food, nutrition and health policy and the catering services and standards you can expect during your stay. The standards will mean that:

- you have a choice of dishes, including meals suitable for all dietary needs;
- you have to order no more than your next two meals in advance;
- you have a choice of the size of portion you want;
- you are given the name of the catering manager;

you have help, if you need it, to use the catering services, for example, menus printed in other languages and large print. This help should be readily available".

Despite the existence of official guidance and literature (of which there is no shortage) there is evidence that this is not preventing the problem of people not eating and drinking when they are in hospital.

Community Health Councils (CHCs), as part of their role of monitoring the Health Service on behalf of the public, have made many visits to hospitals

¹ *The Patient's Charter - A Charter for Patients in Wales* states: "You should be given written information about hospital facilities, for example, visiting times, catering services...From April 1996, hospitals should set local standards for catering which will offer patients a choice of meal and portion sizes, suitable for all diets".

and have looked at hospital catering from the point of view of patients. As a result of their visits some CHCs have become aware of the problem of patients not eating and drinking when they are in hospital. A problem that is often overlooked in terms of the contribution that proper food and nutrition make to patients' welfare. The concerns of CHCs led them to pass the following resolution at their Annual General Meeting in 1996:

"This AGM is concerned about the plight of hospital patients who fail to receive assistance in helping them to eat. This can lead to lethargy, debility and malnutrition.

This AGM calls on the Department of Health to ensure the implementation in all NHS hospitals of their "Health of the Nation Nutrition Guidelines for Hospital Catering"² and in particular that :-

Patients needing assistance with eating and drinking must be helped whilst their meals are hot and appetising (paragraph 9.6).
Patients at risk of malnutrition should be reviewed as agreed in their individual care plan (paragraph 12.2)
Local groups should be set up to implement the guidance and should include patient representatives (paragraph 13.2).
Patients with sensory disabilities should be clearly identified by ward staff in order to facilitate communication between staff and patients at meal and drink times and at ordering times."

The Relatives Associationⁱⁱ is aware that similar problems affect elderly residents in residential and nursing homes. However, not eating and drinking in hospitals and the consequences of not doing so affect all groups and all ages of patients, including, for example, young orthopaedic patients and pregnant women.

The level of concern expressed about this problem led ACHCEW to ask CHCs about their experiences and the extent of the problem. Shortly after, the *Sunday Express* newspaper began an investigation into the 'starvation' of NHS patients.

It is clear from the responses from CHCs and members of the public that some people are not eating and drinking enough when they are in hospital and as a result their health is being put at risk. It is less clear to what extent this is happening. The problem appears to be sufficiently widespread to be of serious concern. Indeed, the numbers may be small but it is, nevertheless, unacceptable if just one person is unnecessarily going hungry or thirsty when they are in hospital. The information collected provides the basis for this briefing which looks at the factors contributing to this disturbing issue and makes recommendations to address the problem.

ⁱⁱ The Relatives Association is an organisation of relatives and friends of older people in residential care, nursing homes and long stay hospitals and others. The aim of the Association is to improve the quality of residential life.

1. Nutrition

Malnutrition may occur when people are unable to absorb sufficient nutrients from their food to allow them to sustain their bodily needs. That is, growth, maintenance and replacement. Malnutrition is commonly associated with elderly people but it does, in fact, affect all groups and ages of people. Physical problems such as loss of appetite or difficulties with swallowing may result in malnutrition. Malnutrition may also occur as a result of social circumstances which prevent people from buying food or being able to prepare it.

Many people, such as pregnant women and those who experience a sudden illness, for example, people who have been involved in road traffic accidents, are likely to have been eating normally up to the time that they are admitted to hospital. Of those people who have not been eating normally, that is, people who are ill for some time before admission, at least one person in three has lost weight and about one in ten has become seriously malnourished.³

Malnourishment can delay recovery from illness or surgical or medical intervention and may even be life threatening because it can cause complications in illnesses. Malnutrition may cause impairment of the immune system and may lead to chest or other infections. Many patients, particularly those who have been in hospital for extended periods of time leave hospital in an under nourished state.

In addition to being detrimental to the health of patients, malnutrition also has implications for the NHS. Patients who are well nourished are likely to recover quicker than those who are not, which will cut the length of time they will have to stay in hospital and reduce costs to the NHS.

2. Is there a deliberate policy to starve elderly people?

Relatives have raised concerns that patients are not being fed properly because they are elderly - they are being left to die through lack of food.

"we feel there was a policy on that ward that if you were expected to recover, you were helped to eat, if not, you were left to fade away" (Kent)

"...was my father ignored because he was elderly?...My father would not have refused artificial feeding, he was compliant with anything that was asked of him by doctors. I am distraught that my father should have been abandoned in this way" (Wakefield)

It is extremely disturbing to learn that some relatives feel that this is the case. They must be given evidence and assurances to show that it has never been NHS policy to starve elderly people in hospital.

3. Factors that contribute to patients not eating and drinking in hospital

Problems with ordering

Patients should be given a choice of meals and most hospitals produce written menus to enable patients to make their choices. *Hospital catering - Delivering a quality service*⁴ suggests that if patients are unable to choose their meals, for example, people with learning difficulties, guidance should be sought from people who know about their likes and dislikes such as relatives and friends. It is important that menus provide patients with enough information, including information about nutrition, to allow them to make informed decisions about the meals they select. Dishes should be described accurately so that patients have a reasonable idea about what to expect. If this is done the following scenario could be avoided.

"Why serve inedible food which is ultimately wasted...

Menu item last week. Chicken and potato

Perception (tender slices of easily digestible chicken and potato)

Presented Chicken leg in a tough skin and a jacketed potato with a hard skin.

This was presented to 3 patients (out of 4) of which all 3 meals were returned uneaten" (Wirral)

Despite the need to have a lot of information in a relatively small space, care should be taken to ensure that menus are not unnecessarily confusing.

Same day ordering systems, already in use in some hospitals, might encourage people to eat. Patients are likely to be more enthusiastic about eating meals they have ordered on the day they are to be eaten and, therefore eat them, than they would be about meals ordered in advance that they may no longer 'fancy'.

Patients' orders should be checked to make sure that they receive the food they have ordered and the portions requested. Some hospitals have menu-co-ordinators who may be nursing staff, care attendants or contract staff, to carry out the role of distributing menus, helping patients with their choice and checking orders. Checking orders can pick up patients who have not ordered sufficient food or who have ordered inappropriate food. Such a practice would prevent the following from happening:

"One lunch time when I arrived unexpectedly, I helped my mother with some soup and then asked where her next course was. The auxiliary said there was no further food for my mother. I took this up with the nursing staff and they told me my mother had not ordered anything else. This was ridiculous as my mother was incapable of rational thought as they well knew and was certainly never asked what she wanted. I still have the menu card for that Sunday lunch where soup was the only item marked" (Surrey)

"...often no food came for him at all as his card hadn't been filled in...". (Littlehampton)

The nutritional needs and appetites of children in hospital will vary from those of adults and they will vary amongst the children according to their age. It is, therefore, important that special steps are taken when providing food for children in hospital. Menus should be produced in such a way that they are attractive to children. This will encourage them to eat by making the meals look more interesting. The use of pictures should be considered as a way of achieving this aim.

A survey by Bristol and District CHC⁵ found "one unit where all ordering is carried out by nurses without reference to the patients who then choose from the food that arrives on the ward. This resulted in some popular choices running out and leaving some patients without their first choice (these could be the same patients each day if their beds were at the end of the Ward)". If patients do not get food that they would have chosen themselves there is a possibility that they will not eat what is available to them.

If a patient misses a meal - they may be admitted after the set meal time, it can be difficult for them to get food. In some hospitals 'one off' meals can be ordered, but in others, patients may be given a sandwich or relatives may be forced to find food from other sources such as vending machines or outside the hospital all together. "One member [CHC] commented that she had been made aware that a carer had been asked to purchase a meal from the cafeteria and bring it back to the ward because the patient had been admitted after 6pm and meals from the kitchen were not available". (E Suffolk CHC). *Hospital Catering* states: "meals and refreshments should be available outside of scheduled meal times for patients who have missed meals or whose treatments coincide with meal times".

Communication

Catering staff may be given sole responsibility for the distribution and collection of food. They are not always made aware of the specific needs and requirements of individuals and are not expected to ask patients if they need assistance or why they have left a meal. In some hospitals the distribution and collection of meals is shared between nursing and catering staff. For example, nurses may give out the meals and catering staff clear away at the end of a meal. Problems arise because there are no systems for monitoring and reporting to nursing staff whether food has been eaten.

"The problem in our district was that the meal was distributed by one person (may be a member of the nursing staff) and the untouched meal collected by another person. Lack of communication meant that this problem remained undiscovered until we brought it to the attention of Hospital Managers"
(Sunderland CHC correspondence)

In addition, there is often no clear responsibility for taking action to ensure that patients do not miss meals because they are away from the wards at mealtimes because they are receiving treatment in other parts of the hospital.

In accordance with the *Nutrition Guidelines* there must be a locally agreed policy for keeping written records of the proportion of a meal eaten by a patient and a system for reporting this information to the nurse responsible for the patient's care.

Quality

For the majority of people the general appearance of a meal is important and influences whether or not they will eat it. People who are unwell often experience a loss of appetite so the appearance of meals takes on a greater significance. If people are to be encouraged to eat their food when they are in hospital, and if meal times are to be a pleasurable experience, it is important that meals are attractive and appetising.

The temperature of food is a regular cause for complaint. Food that should be hot is sometimes too cold by the time it is served to patients so they will not eat it. Foods that should be cold are sometimes inadequately chilled.

A lack of variety can also prevent meals from being appetising. This will particularly be the case for patients who are in hospital for long periods of time. Being presented with the 'same old meals' can put people off their food. *Hospital Catering* states that there should be sufficient variety of food and ways of preparing it to allow menus to cover a fourteen day period without undue repetition. For people on long stay wards this suggested cycle may need to be longer.

Quantity

The *Patient's Charter* states: "The standards will mean that...you have a choice of the size of portion you want". Some patients feel that meal portions do not adequately meet their needs. Some feel they are given too much food and others that the portions are too small. Too much food on a plate can be off-putting and also creates unnecessary waste. Not enough food will mean that patients go hungry.

Where children are being treated hospitals should provide children's portions. The size of the portions will need to take into account individual requirements such as appetite.

In general, problems can be overcome by allowing patients to choose the size of portion they want from the trolley on the ward and by improving communications between patients, ward staff and catering staff.

Inappropriate food

Food should be correctly prepared and be appropriate to patients' needs. For example, people with dental problems or those who have difficulty swallowing may not be able to eat meals that have been prepared in the standard way so they may need soft or pureed food.

"A 94 year old stroke patient whose food had been liquidised due to her inability to swallow solids, was given a bowl of lumpy porridge on which she choked violently - other patients were frightened and tried to raise the alarm but alas, it was a long time before anyone was found to assist" (East Berkshire)

Food may also be unsuitable in terms of specific dietary requirements. For example, people from minority ethnic groups may not be catered for, particularly in areas where there are small numbers, and vegetarians, of which there are a number of categories, are frequently faced with a limited selection of 'uninteresting' meals or are simply given the vegetables on offer to non-vegetarians.

The *Patient's Charter* says that patients should have a choice of dishes including meals suitable for all dietary needs. Hospitals, therefore, need to identify the specific cultural and religious needs of the communities they serve and, in addition, prior to admission ask patients about their personal dietary needs.

Some children may experience adverse reactions to some food additives and some patients with mental health problems find that their conditions are exacerbated by certain foods. Ward staff and catering staff must be aware that this can happen and make sure that these patients have suitable alternatives to the foods available as part of the regular menus.

Choice

Hospital food has been the butt of criticism for many years. The food has often been described as being bland and unappetising. One CHC concluded: "The need to offer food to people feeling unwell that is appetising, easily digested and is well presented seems to be overlooked"⁶.

Although improvements in hospital catering have been made and patients are generally satisfied with their meals the food is not to everyone's taste so some people eat very little or choose not to eat the meals at all.

It is sometimes the case that when people are unwell they feel able to eat only a particular dish. If this dish is readily available there will not be a problem. But if it is not, and a hospital is unable to provide options in addition to its set menus, then some patients are likely not to eat.

Special consideration will need to be given to children in hospital. It is important that children are encouraged to eat so they should be given a choice of familiar foods including those available for adults, and popular

foods such as burgers, baked beans, fish fingers and chips. Vegetarian options should also be available to children.

Timing

It is often stated that hospitals should serve meals at times which reflect the normal eating times of the majority of patients. However, it is the general experience that meal times are inflexible and are dictated by the needs of catering and nursing staff. CHC surveys have shown that it is not unusual for patients to experience a gap of more than twelve hours between the evening meal and breakfast. This excessive gap is frequently a cause for complaint amongst patients. It is considered to be good practice to make available to patients snacks and milky drinks so that they do not have to experience overlong periods without food. However, these are not always provided or cannot be provided when they are most needed. The Royal College of Nursing (RCN) state that basic foodstuffs like bread, butter and eggs are no longer supplied to ward kitchens because of costs⁷.

The practice of serving the main meal of the day in the middle of the day is also of concern to some patients. At a visit by a CHC⁹ the following points were made in discussion with patients:

- With very few exceptions patients expressed a preference for the hot meal of the day to be served in the evening.
- Most patients would be happy with a snack meal in the middle of the day as a natural break from their activities.
- A hot meal in the evening would round off the day better, and would create a pleasant sociable atmosphere.
- As more time would be taken over this meal it would make the evening less long.
- The main meal at the end of the day would be more sustaining and patients would be less likely to find sleep difficult because of hunger.

There are also some groups of patients who would prefer to eat smaller more frequent meals. People with diabetes need to eat at regular intervals and may prefer to replace some full meals with nutritious snacks. Some people, particularly elderly people, are unable to eat large meals but would prefer to eat smaller quantities at more frequent intervals. The introduction of more frequent meals could result in less wastage and better nutrition. The service of more frequent meals could have cost implications for the operation of catering services. These would need to be considered in terms of improved patient nutrition, improved recovery rates for patients resulting in reduced costs to the NHS, and patient satisfaction.

Assumptions

If meals are left, the assumption is often made that patients do not want them and they are removed. It is not, for example, considered that patients may be unable to feed themselves.

"The truth is that if I had not visited my father at meal times he too would not have eaten at all. I found it hard to take in but my father was left a meal and then it was collected again with just a shout of "not hungry again today...". The facts were that my father had very little speech and was not capable physically to move to the bottom of the bed to reach his food, even if he could have done this he was not actually able to feed himself". (Hampshire)

Positioning

Food and drinks may simply be placed out of reach of patients; they may not be aware that they are there (particularly those with visual or hearing impairments); or they may not be in a suitable/comfortable position to allow them to feed themselves.

"...her meals were simply dumped in front of her on a bed-table, in extremely hot covered steel dishes, and being blind as well as elderly and unwell, she was not even able to find her food, let alone remove the hot covers and discover what she had!"
(Germany)

"The table was often not over the bed but the auxiliary simply left the plate upon it. Even when the table was in front of my mother she could not feed herself properly and we found her more than once eating with her hands. When she did manage to get food to her mouth half of it would fall out". (Newcastle)

It has been suggested that where patients have a sensory disability staff could be alerted to the fact by the placing of appropriate symbols at the foot of the patients' beds. Wherever the symbol is present, staff should make sure that patients know that meals have arrived and where they have been placed.

Utensils

Patients may not be given appropriate utensils, such as cutlery with built-up handles, to allow them to feed themselves.

"Fortunately, he was able to swallow following his stroke. He was not however able to feed himself adequately due to impaired vision and the inability to use his utensils...Having requested the nursing staff on numerous occasions to help administer some nutrition to him, we nevertheless found it necessary to take matters into our own hands as far as was possible. In doing so we tried to ensure that a member of our family was present each day at lunch and evening meal times in order to ensure that he received at least some food/fluids". (Cumbria)

The RCN reports that there is some anecdotal evidence that "as part of budget-cutting exercises, some Occupational Therapy Departments no longer provide equipment for use on wards, only on discharge, shifting responsibility on to already overstretched ward budgets. Some nurses report that they have to fund raise for special equipment to help patients eat"⁹.

Physical problems

It is common policy to serve patients with pre-packed sandwiches. Some patients may have difficulty with opening these and other pre-packed foods such as yoghurts. If assistance is not available the patients are not able to eat.

"Everything is pre-portioned. This can cause a problem if a patient is unable to lift lids and unpack the portions". (Shropshire CHC)

"The practice of providing sandwiches and biscuits in plastic/cellophane wrappers can also cause problems for elderly, arthritic or handicapped people. These are often removed from the bedside without question because nobody has asked the patient the reason for the food being left and many people do not like to be perceived as being difficult or asking for assistance - if indeed there is anyone around to ask".

(Aylesbury Vale CHC correspondence)

Even obvious physical problems can be overlooked:

"My mother...having broken both arms...was not fed or assisted to eat, it was almost a week before I realised the situation, I became aware as my mother's health deteriorated rapidly". (Birmingham)

Staff do not always ensure that dentures have been fitted at meal times, yet without them many people are unable to eat. Also, the loss and misplacement of false teeth in hospitals seems to be a frequent occurrence. There must be procedures for the labelling and safe storage of dentures when they are not in use.

Medication

Medication given as part of a patient's treatment may affect whether or not they eat their food and, therefore, their nutritional levels. For example, drugs taken by people with mental health problems may cause constipation, weight gain and affect their ability to taste. If people are constipated they will probably not want to eat; if they are gaining weight they will probably want to reduce their food intake and; if they cannot taste food properly part of the pleasure of eating is taken away from them so they will probably eat less. If patients do not eat the effects of medication should be considered by nursing staff.

Some people may need to take appetite stimulating drugs, or drugs to prevent them from vomiting (anti-emetics). Care should be taken to ensure that patients are given these at the appropriate times.

Eating environment

The environment in which meals are served can play an important part in whether or not patients eat their meals. Wherever possible patients should have their meals in a dining room or in a designated dining area and should have the use of suitable cutlery and crockery.

Unfamiliar surroundings can affect a child's appetite so in some hospitals, to encourage children to eat, parents are allowed to eat with them.

Some people may be embarrassed about their eating habits, for example, elderly people who have problems when eating and who may be used to eating alone. They may prefer to eat alone when in hospital. There may also be other groups of people who are not able to socialise at meal times, for example, acutely depressed patients. For these people arrangements should be made to provide meals and snacks in alternative places.

Lack of assistance

The following examples illustrate that some people, for whatever reason, are unable to eat their meals without assistance:

"It was disturbing to note two cases where help had not been given to elderly patients and they had apparently not eaten for part of their hospital stay"¹⁰.

"Clearly there were a small number of patients who would have liked assistance at meal times and did not receive it, either because they did not make their needs known or because assistance was not offered"¹¹.

"During the first few days, the nurses reported that she wasn't eating well. My brother and I found this odd as she ate anything we brought in...Lunch was brought in...and left on a table out of mother's reach. According to mother and others in the ward, this is what happened on a regular basis - no thought was given to get the food within reach of non-mobile people. If a patient did not eat, the orderly took the untouched food away without question. Mother was unable to eat the lunch herself - for one thing she couldn't get the steel lid off the food - so I helped her and she ate the lot. I spoke to the ward sister, who said that whenever possible they would help mother to eat but that staffing levels made this difficult". (London)

"The staff made virtually no attempt to feed her. Their story was she didn't want to eat and they could not force her. This was

completely untrue, she was incapable of feeding herself but if fed by hand she would slowly manage to eat and swallow. On visiting early in her stay I asked for a tea spoon with which to feed her, only to be told "there were no small spoons as they disappear so quickly". Having bought our own supply of plastic spoons it was only the relatives that used them. My mother had trouble just opening her mouth and we found bananas to be a form of food that she could cope with. I explained this to the staff and left a supply of bananas but they remained untouched until my next visit."
(Surrey)

It is not only elderly patients who require assistance at meal times. For example at the National Spinal Injuries Centre some patients are paralysed from the neck downwards. Aylesbury Vale CHC noted the following about this Centre that: "Many [patients] are young people with healthy appetites despite their disability and yet we have experienced patients having to wait for meals - although available on the ward - because there are insufficient staff to feed patients who are totally dependent" (Aylesbury Vale CHC correspondence). Because of their limited circumstances meal times provide a highlight to the day for many of the patients, but having to wait around to be fed can spoil the enjoyment of meals because it draws attention to their disabilities and highlights their dependence on other people.

One nurse wrote: "I confess I have been one of those nurses who have placed food on the patient's bed table, but with every good intention of returning to help. Why did I not return?" (Community nurse - Leicester)

4. Who should be responsible for ensuring that patients eat and drink in hospital?

Nurses

According to the Royal College of Nursing "Nurses have traditionally played a key, practical role in meeting the nutritional needs of hospital patients"¹². The College states that the responsibilities of nurses should be to make sure that:

- patients' nutritional needs are met
- patients' preferences for particular foods are identified especially where this is influenced by religious, cultural or ethnic reasons
- patients are sitting or lying in a position so that they can reach drinks and eat their food
- patients do not have dental problems in particular that dentures fit properly and are in use
- where necessary, patients have special equipment to help them eat
- patients have no problems eating - whether or not, for example, they are finding it difficult to swallow, or have any mouth infections which would affect their ability to eat
- lack of appetite is monitored and acted on where necessary.

These responsibilities do not include feeding patients. Historically nurses have helped patients at meal times but the RCN states that "the registered nurse's role with regard to feeding is not clearly prescribed"¹³. It may be this lack of clear definition that has resulted in the withdrawal of nursing assistance for patients at meal times.

In some hospitals nurses do assist patients at meal times but it is apparent that in others nurses have been released from involvement in feeding patients. One CHC stated: "It seems that nursing staff no longer see it as part of their job to help feed patients" (Redbridge CHC correspondence) and another: "Locally the CHC feels the duties of the nurse have changed, the caring part being superseded by the technical side. Perhaps some basic nurse carers should be employed to solely perform those duties" (Enfield CHC correspondence).

It is apparent that in some hospitals nurses may not even be present at meal times:

"Furthermore, on many occasions, there were no nurses in evidence at meal times who could be asked to assist. To illustrate this point is one particular occasion when my father began to seriously choke, whilst my husband and I were with him during his evening meal. I hurried to try to find some assistance whilst my husband continued to attempt to alleviate my father's distress. I was unable to locate any nurses at all and so returned to activate the call/alarm bell. The bell rang for some 10 minutes before

either turning itself off, or being turned off from somewhere - but still nobody came". (Cumbria)

"We were amazed that after each patient was given a meal all staff disappeared and they were left to get on with it...We helped several of the elderly patients that were having difficulties eating" (Leicester)

The introduction of cook chill food has also facilitated the withdrawal of nurses from involvement with patients at meal times. It is now quite easy for plated meals to be distributed to patients quickly with little or no need for personal interaction. The RCN states that:

"cooked chill meals put pressure on nurses and other staff to help patients eat within a restricted period, potentially jeopardising the patients' enjoyment of their food, the amount they eat, and therefore the quality of nursing care received"¹⁴.

What can be seen as the withdrawal of nurses from involvement with feeding patients may be due in part to the reduction in numbers of registered nurses. Numbers of registered nurses on hospital wards have fallen dramatically - in 1983 37,000 registered nurses qualified and it is estimated that only 9,000 are due to qualify by 1997/98. The result has been shortages of nurses in some areas and some specialities. Shortages of staff, combined with pressure on nursing staff to undertake other perhaps more 'pressing' or 'glamorous' duties will prevent them from offering assistance to those who need it at meal times.

Volunteers, paid assistants and relatives

Some hospitals rely on volunteers and relatives or employ ward assistants to help patients at meal times.

After a CHC urged a NHS trust to find a solution to the problems experienced by some patients, the Trust obtained funding to run a pilot project whereby the Trust employed Feeding Assistants to help patients unable to feed themselves. The Feeding Assistants worked at midday and in the evenings each day. Before beginning this work the Feeding Assistants were given training by Speech Therapists who developed a range of skills with them so that the Assistants would not cause patients discomfort when they were being fed and so that the Assistants would not cause swallowing problems. The CHC has been informed that although the project proved to be successful funding cannot be obtained to enable it to continue. (Mid Surrey CHC correspondence. See Appendix 2 for Job description for Feeding Assistants)

Attitudes towards the use of volunteers vary from hospital to hospital. Some hospitals use volunteers under the supervision and direction of nursing staff to help patients at meal times. However, one CHC that has become increasingly aware of the problem of people not getting assistance suggested the use of volunteers at meal times but was advised that this is prohibited

because of national regulations (Aylesbury Vale CHC correspondence). A member of the public who suggested using volunteers and who offered to help to recruit them says: "My suggestion was turned down as it was considered to be not practical" (Rochdale)

Also, with regard to the use of volunteers, one CHC reports hearing about a case where the Crossroads organisationⁱⁱⁱ was contacted by a social worker and asked to send a carer to feed a patient while they were in hospital for respite care (Hillingdon CHC correspondence).

Relatives and friends often find that they have to feed patients to prevent them from going hungry and make a point of scheduling their visits to coincide with meal times. Indeed, some relatives have said that they would like to be told if staff are unable to help at meal times so that they can make their own arrangements:

"If the hospital is unable to provide adequate staffing to feed patients, it should warn their relatives so that arrangements can be made for families to do this". (London)

"I hope that...if nurses are unable to find the time to feed patients that relatives/friends/or carers are informed so that someone makes sure that all the money that has been spent on operating on these patients is not in vain and that their lives are not shortened by a basic need - that of eating!" (Newcastle)

Clearly there is no set procedure for helping patients at meal times, but as North Birmingham CHC states¹⁵:

"Clear designation of responsibility is needed for identifying patients who need help with feeding, for providing that assistance and monitoring food intake, so that no one slips through the net because everyone thinks someone else is responsible".

In practice, nurses appear to be playing a lesser role in assisting patients at mealtimes, yet the RCN believes "that helping patients to eat and drink remains a key aspect of the role of the nurse"¹⁶. This is a belief that is held by many CHCs, relatives and other patients' representatives who believe that the withdrawal of nurses at meal times has gone too far. Trained nurses, not volunteers or relatives should be responsible for ensuring that patients eat and drink enough when they are in hospital. In addition, systems must be in place for monitoring and reporting back the food and liquid intake of patients and any problems they experience.

ⁱⁱⁱ Crossroads Care Attendants Scheme aims to support those who care for people with disabilities. Provides care assistants to attend clients and give carers some free time. also helps enable people with disabilities to care for themselves.

5. Listening to patients

Patients will be encouraged to eat and drink when they are in hospital if the services are designed to meet their needs. It is, therefore, important to ask patients about their needs and whether or not they are being met.

As a result of hospital visits and patient surveys CHCs have been able to bring about improvements in hospital catering services. *Hospital Catering* recognises the importance of feedback from patients and suggests that as part of the overall evaluation of catering services hospitals conduct patient satisfaction surveys. The guidelines envisage that the surveys should be carried out by independent assessors such as CHCs. The surveys should include nine core questions looking at satisfaction with, for example, mealtimes, ordering and food temperature (see Appendix 3).

Although systematic consultation with patients is encouraging staff will need to be observant because patients may be reluctant to make a complaint because they do not want to be a nuisance or because they fear that they might be victimised if they do complain.

It is worth noting that improvements to services do not necessarily result in increased costs.

6. Conclusions

Patients going hungry in hospital is a very emotive subject, particularly when someone dies. There is clear evidence that this is a very real problem that can affect everyone going into hospital, not just elderly people. Patients going hungry in hospital is a problem that is recognised by official guidance. However, the response of CHCs and the public demonstrate that the existence of guidance is not enough in itself to solve the problem. Of equal concern is the fact that in some hospitals no one is taking responsibility for ensuring that patients are eating, or investigating why some patients are not eating and drinking.

7. Recommendations

- Accusations that patients are starving to death when they are in hospital must be taken seriously and the Department of Health must take steps to ensure that these accusations are investigated.
- The roles and responsibilities of staff at meal times must be clearly defined by the Department of Health with the involvement of representatives from the professional groups and patients' groups.
- Staff training should be strengthened to emphasise the importance of nutrition in recovery from illness.
- Existing guidance concerning hospital catering must be enforced. For example:

Those patients needing assistance with eating and drinking must be helped whilst their meals are hot and appetising.

All patients should have an initial assessment made of their food and fluid intake and eating and drinking patterns. Any significant changes in weight or eating and drinking patterns should be noted and acted on.

Patients at risk of malnutrition should be reviewed as agreed in their individual care plan.

Local groups should be set up to implement the guidance and should include patient representatives.

- The Patient's Charter for Wales should be strengthened to include the same standards as those in the Patient's Charter for England
- The Department of Health should collect and disseminate examples of good practice at mealtimes to encourage hospitals to improve their services.

Angeline Burke
January 1997

Appendix 1 - Official guidance

1994: National Health Service: Hospital Catering in England

A National Audit Office (NAO) report that examined the quality of the catering service provided to patients and how catering costs are controlled. In reviewing how catering units provide a service to patients that is efficient, effective, economic and responsive to their needs, the NAO focused on the roles of the Management Executive, district health authorities and catering units in hospitals in England.

In 1995 the Nutrition Task Force which had been established as part of the "Health of the Nation" initiative published **Nutrition Guidelines for Hospital Catering**. The purpose of the guidelines was to provide a framework in which hospital catering could develop at the same time as meeting the differing nutritional requirements of patients. It also aimed to help hospitals to meet the standards for catering that were set out in the *Patient's Charter*.

The guidelines cover a number of areas including nutrient guidelines, menu planning, production methods, communications and food distribution. The guidelines recommend that the suggestions in the guidance are implemented at a local level to take into account individual hospital's specific circumstances.

The guidelines suggest that to implement the guidance local groups be set up. Members of these groups should reflect the wide range of interested parties involved in hospital catering, nutrition and patient care. An example of the membership is as follows:

Food production staff	To provide practical advice on all aspects of food production
Nursing	To provide advice on all aspects of total patient care assessment and service
Medical	To provide advice on aspects of total patient care and of finance and resources (through committee work)
Dietetics	To provide advice on the nutritional aspects of what is produced and eaten
Catering/service manager or business manager	To provide advice on business plan and liaison with other service departments
Patient representative	To represent the consumer and provide feedback

The group, with the support of senior managers would be responsible for developing policy in line with the guidance. It was thought that in the longer term the implementation group might take on a monitoring role.

Part of the role of the group would be to develop patient assessment procedures. The guidance suggests that on admission to hospital patients undergo an assessment to establish their nutritional status. This would include a note of patients' eating and drinking patterns and any risk of malnutrition. If necessary, patients with problems would be referred for appropriate care. All the relevant information should be in patients' individual care plans.

Initial assessment should be followed by ongoing assessment and individuals should be reviewed against their care plans. The guidelines recommend that an identified nurse should be responsible for co-ordinating all aspects of patient nutritional intake in a particular area eg a ward.

The guidelines acknowledge that there may be the problem of patients not eating and suggests that an assessment of the food eaten should be made: "There must be a locally agreed policy on the collection of a patient's plate/tray. This must include identification of responsibility for assessing the percentage or proportion of the meal eaten and any plate waste, a written record by whoever collects the plate/tray, and how this is reported to the nurse responsible for the patient's care.

If more than one meal is missed, the reason must be identified, any consequent problems addressed, and action taken. An appropriate record should be kept of all such incidents".

Further suggestions concerning patients include:

Ensuring that adequate numbers of trained staff are available at meal times to make sure that patients are fed, including patients who need help with eating and drinking.

Making sure that patients are given suitable aids, for example, adapted cutlery and crockery, to allow them to feed themselves.

Assisting patients who need help with eating and drinking whilst their meals are still hot and appetising.

Staff should ensure that patients are in an appropriate position in their bed or in a chair to allow them to feed themselves or eat properly.

1996: Hospital Catering - Delivering a quality service

A good practice guide by the NHS Executive setting out an index of "must dos" and "should dos" for hospital catering units to help them to achieve high standards of food hygiene and safety, nutrition, meal quality and service, catering cost control and asset management.

Appendix 2 -Job description

Feeding Assistant - Epsom Health Care NHS Trust

Post:	Part-time Feeding Assistant - Midday & Evening
Department	Medical/Elderly Care unit
Location	Epsom General Hospital
Grade	Trust Grade 1
Responsible to	Ward Sister/Nurse in Charge

Job summary:

To assist with feeding arrangements and monitoring food intake on the Medical/Elderly Care Wards.

Duties:

- 1. To help prepare patients for meals.**
- 2. To serve pre-plated meals and drinks to patients.**
- 3. To assist patients with feeding, as advised by the Nurse in Charge.**
- 4. To clear trays and assist patients with washing after meals.**
- 5. To record food intake on the appropriate forms.**
- 6. To report any problems to the Nurse in Charge.**
- 7. To undertake appropriate hygiene training and to comply with hygiene requirements at all times.**

This job description is not intended to provide an exhaustive list of duties and may be subject to review in line with the changing needs of the service.

February 1996

References

- ¹ Department of Health (1995), *The Patient's Charter & You*
- ² Department of health (1995), *Nutrition Guidelines for Hospital Catering*
- ³ see note 2
- ⁴ NHS Executive (1996), *Hospital catering - Delivering a quality service*
- ⁵ Bristol and District CHC (1996), *Survey of Preparation and service of food - 1995/6*
- ⁶ South Warwickshire CHC (1992), *Catering Services in Hospitals in South Warwickshire 1991*
- ⁷ Royal College of Nursing (1996), *RCN Statement on Feeding and Nutrition in Hospitals*
- ⁸ North Hertfordshire CHC (1996), *Report of a Visit to Mental health Services, Lister Hospital 6 November 1996*
- ⁹ see note 7
- ¹⁰ North Birmingham CHC (1995), *Report on Study of Catering Services at Good Hope Hospital Trust*
- ¹¹ Bassetlaw CHC (1993), *Patients' Views on the Food Services at Bassetlaw District General Hospital*
- ¹² see note 7
- ¹³ see note 7
- ¹⁴ see note 7
- ¹⁵ see note 10
- ¹⁶ see note 7

ct\ab\hosfood6

Appendix 3 - Hospital catering - Delivering a quality service

Appendix E4 (ii) - Proforma: Patient Satisfaction Questionnaire

Dear Patient

As part of our catering arrangements, we would like to know how the hospital food service measures up to patients' standards, and what parts of it they would like to see improved.

I would be most grateful if you could spare a few minutes to complete the questionnaire, included below, by awarding marks out of 10 for each part of the service, and also making any comments you wish in the space provided.

Yours sincerely

Catering Review Manager

Hospital		Ward	
Name of patient			

The following scale is a guide to help you in scoring the catering service

Excellent	Near perfect	Very good	Good	Mostly good	Mixed	Mostly poor	Poor	Very Poor	Bad	Really bad
10	9	8	7	6	5	4	3	2	1	0

		Marks out of 10
1. Overall	(How would you score the catering standard?)	
2. Meal times	(Acceptable? Flexible? When you want to eat?)	
3. Menus	(Tempting? Acceptable? foods you enjoy?)	
4. Meal ordering system	(Given a choice? Get what you choose?)	
5. Cooking	(Appetising? Tender? Tempting?)	
6. Temperatures	(For food - hot enough?)	
7. Beverages TEA	(For taste, temperature)	
	Beverages COFFEE	
8. Service	(Efficient? Hygienic? Courteous? Caring?)	
9. Nutrition	(Eating enough? Right type of food? Wholesome?)	

Please add below any comments you may have.

Thank you for your views, which will help us to improve our service to you.

Published by:

ASSOCIATION OF
COMMUNITY HEALTH COUNCILS
FOR ENGLAND & WALES
30 DRAYTON PARK LONDON N5 1PB

TEL: 0171 609 8405 FAX: 0171 700 1152

Price: £12.00 (inc. p&p)

